

## DISCLOSURE SUMMARY PAGE

DR-2

DISCLOSURE  
REPORT

(Rev. 01/98)

For Office Use Only

Comm. #

9068

Indexed

Audited

Computer

COMMITTEE NAME (Must be same as on Statement of Organization)

Floyd County Democratic Central Comm.

IMPORTANT: Indicate type of committee you are reporting for:

7

- ( 1 ) Statewide/Legislative Candidate ( 2 ) Statewide PAC ( 3 ) State Party ( 4 ) County/Local Candidate  
 ( 5 ) County PAC ( 6 ) Ballot Issue/Franchise Committee ( 7 ) County/City Central Committee  
 ( 8 ) Support Slate of Candidates

Mauritown send

641-228-5406

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

5/19/8

DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A May 19 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate one ☒ 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

Local Committees, enter Date of Election

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a Notice of Dissolution is filed.)

County &amp; Local Committees, enter County in which Election is held

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 28.90

## ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) .....

605.00

Schedule F: Loans Received total (Attach Schedule F) .....

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....

633.90

## SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) .....

91.05

Schedule F: Loan Repayments total (Attach Schedule F) .....

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) .....

\$ 542.85

UNPAID BILLS (From Schedule D - Attach Schedule D) .....

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....

## CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

\_\_\_ YES \_\_\_ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**For Instructions, See Back of Form**

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

**SCHEDULE**

A

(Rev. 06/97)

MONETARY  
RECEIPTS

☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Floyd County Democratic Central Committee

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE<br>RECEIVED<br>(MM/DD/YY)           | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR                           | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|--|---|---|--|--------------------|---------------------------------------|
| 1/30                                     | ID#<br>CK#  | Ben Noah<br>#81 Kelly St<br>Charles City Iowa 50614       |  | \$ 100.00          |                                       |
| 1/30                                     | ID#<br>CK#  | unitemized contributions                                  |  | 5.00               |                                       |
| 4/22                                     | ID#<br>CK#  | Spencer for Congress -<br>P.O. Box 11128<br>Ames IA 50014 |  | 500.00             |                                       |
|  | ID#<br>CK#  |   |  |                    |                                       |
|  | ID#<br>CK#  |   |  |                    |                                       |
|  | ID#<br>CK#  |   |  |                    |                                       |
|  | ID#<br>CK#  |   |  |                    |                                       |
|  | ID#<br>CK#  |   |  |                    |                                       |
|  | ID#<br>CK#  |   |  |                    |                                       |
|  | ID#<br>CK#  |   |  |                    |                                       |
|  | ID#<br>CK#  |   |  |                    |                                       |
| SUB-TOTAL                                |   |   |  | \$                 |                                       |
| TOTAL (if last page of this<br>schedule) |   |   |  | \$                 | 605.00                                |

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no blood relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

|  |  |
|--|--|
| <b>SCHEDULE</b><br><b>B</b><br>(Rev. 09/97)              | <b>MONETARY</b><br><b>EXPENDITURES</b> |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM |  |

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Floyd County Democratic Central Committee

| DATE EXPENDED<br>(MM/DD/YR)           | CANDIDATE ID NUMBER<br>(if applicable)<br>AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE<br>(Disbursement) WAS MADE | PURPOSE<br>(DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
|---------------------------------------|--|---|-----------------------------------|-----------------|
| Jan. Feb.<br>March<br>April - May     | ID#<br>CK#   | First Citizens<br>300 N main Bank<br>Charles City Iowa          | checking account charges.         | \$ 9.05         |
| 2/18                                  | ID#<br>CK#   | U.S.P.S.  | 2 Rolls of stamps                 | 82.00           |
|                                       | ID#<br>CK#   |   |                                   |                 |
|                                       | ID#<br>CK#   |   |                                   |                 |
|                                       | ID#<br>CK#   |   |                                   |                 |
|                                       | ID#<br>CK#   |   |                                   |                 |
|                                       | ID#<br>CK#   |   |                                   |                 |
|                                       | ID#<br>CK#   |   |                                   |                 |
|                                       | ID#<br>CK#   |   |                                   |                 |
|                                       | ID#<br>CK#   |   |                                   |                 |
| SUB-TOTAL                             |  |   |                                   | \$              |
| TOTAL (If last page of this schedule) |  |   |                                   | \$ 91.05        |

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page \_\_\_\_\_ of \_\_\_\_\_